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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10626427 | <b>Applicant(s)/Patent Under Reexamination</b><br>BRUEKERS, ALPHONS A.M.L. |
|   | <b>Examiner</b><br>Temesghen Ghebretinsae  | <b>Art Unit</b><br>2611  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 375                |                                   | 240      |  |  |  | H                            | O | 4 | B | 1 / 68 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 704                | 500                               |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 2        |       | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 4        |       | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|  |                               |                              |                   |
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| NONE   |                               | <b>Total Claims Allowed:</b> |                   |
|  |                               | 21                           |                   |
| (Assistant Examiner)<br>/Temesghen Ghebretinsae/<br>Primary Examiner Art Unit 2611<br>(Primary Examiner) | (Date)<br>7/15/2010<br>(Date) | O.G. Print Claim(s)          | O.G. Print Figure |
|  |                               | 1                            | 1                 |